

Maryland Measles (Rubeola) Surveillance Case Investigation (Rev. 11/96)

Investigation No. _____ State Case ID _____

Name _____ Hospital Record No. _____

Last First MI

Address _____ () _____

No. and Street City State Zip code Telephone

Reporting Physician/Nurse/Hospital/Clinic _____ () _____

Name Address Telephone

Investigator _____

Name

_____ (Identifying information above should not be sent to CDC _____)

Measles Surveillance Worksheet

Note: This form has 4 pages

A. Demographics/Case Information					
State Case ID# _____					
City _____		County _____		State _____ Zip code _____	
Birth Date ____/____/____ mm dd yy		*Age ____ (999 Unknown) Age Type ____		*Race ____	
		0 0-120 Years		N Native Amer./Alaskan Native	
		1 0-11 Months		A Asian/Pacific Islander	
		2 0-52 Weeks		B African American	
		3 0-28 Days		W White	
		4 Age group (census coding)		O Other	
		9 Age unknown		U Unknown	
Ethnicity ____ H Hispanic		Sex ____ M Male		Event nam <u>Measles</u>	
N Not Hispanic		F Female		Disease code ____ 54.00 = indigenous	
U Unknown		U Unknown		54.10 = interstate import	
				54.20 = international import	
Case count <u>1</u> (For individual record)			*Outbreak Associated ____ (Leave blank unless case affiliated with outbreak and want to note outbreak name/no).		
Date of report ____/____/____ mm dd yy			Imported ____		
			1 Indigenous (acquired in USA reporting state)		
			2 International (acquired outside USA)		
			3 Out of State (acquired in USA outside reporting state)		
			9 Unknown		
Case status ____ (report status)			Comments _____		
1 Confirmed					
2 Probable					
3 Suspected					
4 Ruled Out					
9 Unknown					

C. CLINICAL DATA		[Y=Yes, N=No, U=Unknown]	Case Definition Met? Y N	
Rash? Y N U mm dd yy	Rash onset ___/___/___ days	Rash duration ___ (range 0-30; 99 unknown)	Rash generalized? Y N U	
Fever? Y N U	If recorded, highest measured temperature _____ (range 36.0 - 110.0; 999.9 Unknown)			
Cough? Y N U	Coryza? Y N U	Conjunctivitis? Y N U		
COMPLICATIONS:				
Otitis? Y N U	Diarrhea? Y N U	Pneumonia? Y N U	E ncephalitis? Y N U	Thrombocytopenia? Y N U
*Death? Y N U	Other complication? Y N U	If other complication, specify _____		
Hospitalized due to measles? Y N U		Days hospitalized _____ (range 0-998; 999 Unknown (days))		
D. LABORATORY				State Case ID _____
Was testing for measles done? Y N U				
<u>Serology</u>		<u>Other tests</u>		
Acute specimen date ___/___/___	IgG _____ IgM _____	Specimen Throat swab Urine		
Convalescent specimen date ___/___/___	IgG _____ IgM _____	Specimen date ___/___/___		
IgM Results _____	IgG Results _____	Other test Results _____		
P Positive	P Significant rise in IgG	P Positive		
N Negative	N No significant rise in IgG	N Negative		
I Indeterminate	I Indeterminate	I Indeterminate		
P Pending	P Pending	P Pending		
X Not Done	X Not Done	X Not Done		
U Unknown	U Unknown	U Unknown		
Was case laboratory confirmed Y N				

E. VACCINE HISTORY

Had case ever received measles-containing vaccine? Y N U If case not vaccinated, what was reason? ____ 1 Religious exemption
2 Medical contraindication
3 Philosophical objection
4 Laboratory evidence of previous disease
5 MD diagnosis of previous disease
6 Under age for vaccination
7 Parental refusal
8 Other
9 Unknown

Vaccination Date (If month and year are known and exact date
(mm/dd/yy) is not known, enter 15 for day) **Number of doses received BEFORE 1st birthday** _____

1. ____/____/____

2. ____/____/____

3. ____/____/____

Number of doses received ON or AFTER 1st birthday _____

**If vaccinated BEFORE first birthday,
but no doses given ON or AFTER
1st birthday, what was reason?** ____ 1 Religious exemption
2 Medical contraindication
3 Philosophical objection
4 Laboratory evidence of previous disease
5 MD diagnosis of previous disease
6 Under age for vaccination
7 Parental refusal
8 Other
9 Unknown

If received one dose after first birthday, but never received 2nd dose after 1st birthday, what was reason? ____ 1 Religious exemption
2 Medical contraindication
3 Philosophical objection
4 Laboratory evidence of previous disease
5 MD diagnosis of previous disease
6 Too young for 2nd dose
7 Parental refusal
8 Other
9 Unknown

F. EPIDEMIOLOGIC INFORMATION

Date FIRST REPORTED to a health department ____/____/____
mm dd yy

Date case investigation started ____/____/____
mm dd yy

Were age and setting verified? Y N U

Transmission Setting (Where did this case acquire measles?) _____

1 Day Care	9 Unknown
2 School	10 College
3 Doctor's Office	11 Military
4 Hospital Ward	12 Correctional Facility
5 Hospital ER	13 Church
6 Hospital Outpatient Clinic	14 International Travel
7 Home	15 Other
8 Work	

If transmission setting not among those listed and known, what was transmission setting? _____

*Outbreak Related? Y N U If yes, outbreak name (Name of outbreak this case is associated with) _____

*Source of exposure for current case _____ enter State ID if source was an in-state case (imported field on core screen = 1)
enter Country if source wa out of USA (imported field on core screen = 2)
enter State if source was out-of-state (imported field on core screen = 3)

*Epi-linked to another confirmed or probable case Y N U Is case traceable within 2 generations to an international importation? Y N U

MEASLES CONTACT INVESTIGATION FORM
Name _____

Case

(for state/local HD use)

Parent's Names: _____
Mother Father

Telephone No. () _____

Source Information (____/____/____ To ____/____/____)
day -16 day -12

Contact w/ Rash Case	Y	N	If Y, who and from where
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**Contact
Information (**
____/____/____
To
____/____/____)

day -4
day +4

	Date	Day Care Attended	School Attended	Medical Facility Visited	Other Persons Exposed
day -4					
day -3					
day -2					
day -1					
day 0 (rash onset)					
day 1					
day 2					
day 3					
day 4					

Other information

*NOTES

Age Age of patient at **rash onset** in no. of years, months, weeks, or days as indicated by AGETYPE.

Race "4" is not used. It was formerly used for Hispanic, which is now indicated under "ETHNICITY".

Outbreak (Measles) 3 cases (with at least one laboratory confirmed case) clustered in space and time.

Death	If patient died from measles, verification with the physician is recommended.
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Source of exposure A source case must be either a confirmed or probable case and have had face-to-face contact with a subsequent generation case. Exposure must have occurred 7 to 18 days before rash onset of the new case, and between 4 days before rash onset and 7 days after rash of the source case.

Epi-linked An epi-linked case is either a source case or same generation case. Epi-linkage is characterized by direct face-to-face contact. For same generation cases that are epi-linked a common exposure is likely.